

First Call Community Systems Limited

SureCare Hereford

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

The inspection took place on 17 July 2018 and was announced. This was the service's first inspection.

SureCare Hereford is a domiciliary care agency. It provides personal care to people living in their own houses in the community. The service supports older and younger adults, who may have learning disabilities, autistic spectrum disorder, dementia, mental health care needs, physical disabilities or sensory impairments. At the time of our inspection visit, 48 people were using the service.

Not everyone using SureCare Hereford receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider's processes for assessing and managing the risks associated with people's care and support needs were not sufficiently robust. Staff did not always have adequate travel time between people's care calls to provide a punctual service. People's rights under the Mental Capacity Act were not always fully promoted by the provider.

The provider carried out pre-employment checks and provided staff with training to protect people from harm and abuse. People received support from staff to manage and take their medicines safely, where they needed this. Staff protected people from the risk of infection through, amongst other things, the use of personal protective equipment.

Before people's care started, their individual care and support needs were assessed. Staff received an initial induction and ongoing training and support to succeed in their roles and work effectively. People had support to prepare meals and drinks of their choice, where this was an agreed part of their care package. Staff helped people to maintain their health and access professional medical advice and treatment as needed.

Staff took a caring and compassionate approach to their work and took the time to get to know people well. People and their relatives were encouraged to express their views about the care and support provided and were listened to by the provider. Staff understood and promoted people's rights to privacy, dignity and independence.

People's care plans were developed and reviewed with their input and followed by staff. People received

care and support that reflected their individual needs and requirements. People and their relatives were clear about how to raise any concerns or complaints about the service, and these were addressed by the provider.

The registered manager promoted a positive, open culture within the service. They made themselves available to people and their relatives and were responsive to any issues raised with them. Staff were clear what was expected of them and felt valued and supported at work. The provider took steps to involve people, their relatives and staff in the service. The registered manager and senior care staff completed audits and checks to assess, monitor and improve the quality of the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always Safe.

The provider's risk assessment and risk management processes were not always sufficiently robust.

Staff were not always allocated sufficient travel time between people's care calls.

Staff received training to help them understand their individual responsibility to protect people from abuse and neglect.

Is the service effective?

Requires Improvement ●

The service was not always Effective.

People's rights under the Mental Capacity Act were not always fully promoted.

Staff received training and ongoing support to help them work safely and effectively.

Staff helped people to maintain their health and access professional medical advice and treatment if they were unwell or injured.

Is the service caring?

Good ●

The service was Caring.

Staff treated people with kindness and took the time to get to know them well as individuals.

People were encouraged and supported to express their views about the care and support provided.

People's rights to privacy, dignity and independence were consistently promoted by staff.

Is the service responsive?

Good ●

The service was Responsive.

People received care and support shaped around their individual needs and requirements.

People's care plans were individual to them and used by staff.

People and their relatives knew how to complain about the service, and had confidence they would be listened to.

Is the service well-led?

Good ●

The service was Well-led.

The registered manager promoted an open and inclusive culture within the service.

Staff felt valued and well-supported in their work.

The management team carried out audits and checks to monitor and improve the quality of the service people received.

SureCare Hereford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 July 2018 and was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of our inspection.

Before the inspection visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and local Healthwatch for their views on the service.

During our inspection visit, we spoke with eight people who used the service and seven relatives. We also spoke with the registered manager, the branch development manager, the provider's care coordinator, one senior care staff and three care staff. We looked at a range of documentation including six people's assessment and care records, three staff recruitment records, medication administration records, and incident records. We also looked at staff training records, records of complaints, selected policies and procedures and records associated with the provider's quality assurance.

Is the service safe?

Our findings

The provider's systems and procedures for assessing and managing the risks associated with people's care and support needs were not sufficiently robust. Risk assessments had been completed in relation to important aspects of people's care, including their risk of falls, developing pressure sores, and any risks associated with people showering or bathing. However, the 'individual risk management' guidance produced for each person did not always provide clear insight into the nature and seriousness of identified risks or the agreed plans for managing these. For example, one person's risk management plan referred to 'alcohol concerns' without explaining the nature, relevance or expected management of these. We discussed this issue with the registered manager who assured us they would review the service's risk assessment and risk management procedures.

Staff understood the risks to individuals and how these were to be managed. They told us they read people's risk assessments and approached the registered manager or a senior colleague with any related queries. They said they were kept up to date with any changes in the risks to people or themselves through regular updates from the registered manager and office staff. One staff member explained, "I've always found the communication pretty good. We always get a text message or a call [about any changes]."

Most people and relatives told us they received a consistent and reliable service from SureCare Hereford provided by familiar staff. One person told us, "The traffic is not easy around here, but they [staff] are never too late. Even if they run late, they still stay the full time and they let me know." However, two people expressed frustration over the provider's failure to notify them if staff were delayed. One person explained, "I would like them [provider] to let me know if they run late, because I'm left waiting and wondering if I have to start to eat or not and whether to take my tablets." We discussed this issue with the provider's branch development manager who acknowledged that this aspect of communication with people and their relatives needed to improve. They assured us the care coordinator would immediately update people and their relatives upon being made aware staff were delayed. They told us that, as branch development manager, they would more closely monitor the consistency with which people and their relatives were informed of any delays moving forward.

Most of the staff we spoke with expressed some degree of concern about the lack of travel time factored in between certain care calls, which, they explained, sometimes resulted in them running late. One staff member told us, "It [travel time] is not realistic at all. It has made me late up to an hour." On this subject of staff travel time, a relative explained, "They [staff] are reliable but they have to rush a bit. There's not enough travel time." We discussed this issue with the registered manager. They acknowledged that current staff vacancies, and recent levels of staff sickness and absence, had resulted in frequent changes to staff rotas and a lack of travel time between certain care calls. They assured us every effort was being made to ensure people received a punctual service, through making efficient use of their staff resources, whilst recruitment activities were ongoing.

People told us they felt safe receiving care and support in their own homes from staff employed by SureCare Hereford. One person said, "They [staff] are very good and caring, and I'm very much at ease and safe ... I

would tell the [provider's] office otherwise." People's relatives had confidence in staff's ability to protect the safety and wellbeing of their family members who were receiving care and support. Before prospective staff started work, the provider undertook checks to confirm prospective staff were suitable to care for people in their own homes. These included references and an Enhanced Disclosure and Barring Service (DBS) Check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

The provider had taken steps to protect people from abuse or discrimination. Staff attended annual safeguarding training to help them understand their individual responsibility to remain alert to and report abuse or neglect. They demonstrated insight into the different forms and potential indicators of abuse and told us they would report any concerns of this nature to the registered manager. The provider had procedures in place to ensure details of any witnessed or suspected abuse were shared with the appropriate external agencies, such as the local authority, police and CQC. Our records showed they had previously made us aware of abuse concerns, in line with their registration with us.

In the event people were involved in an accident or incident, staff understood how to record these events, and bring them to the attention of the management team. We saw the registered manager monitored these reports on an ongoing basis, to identify any actions needed to minimise the risk of reoccurrence.

People had support to manage and take their medicines safely. People and their relatives told us they were satisfied with the support staff provided with medicines, where this was an agreed part of their care package. One person told us, "They [staff] always ask if I've taken my medication." A relative explained, "They [staff] do [person's] tablets and they make notes and use a MAR [medicine administration record] chart ... There have been no mishaps." Staff involved in the handling and administration of people's medicines received medicines training and underwent periodic medicine competency checks.

Staff received training to help them understand their role in protecting people from the risk of infection. People's care plans included guidance on the expected use of personal protective equipment (PPE), namely disposable aprons and gloves, during personal care tasks. Staff confirmed they had access to adequate PPE, which they replenished at the provider's office when needed. Staff members' hand hygiene practices were checked as part of the periodic unannounced spot checks completed on staff.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found people's rights under the MCA were not fully promoted by the service. Staff recognised the need to respect and promote people's right to make their own decisions when providing their day-to-day care and support. The provider had systems and procedures in place designed to enable them to seek and document people's consent to care. However, people's care records sometimes contained contradictory information about their capacity to consent to care. In addition, where people lacked capacity to consent to care, there was no evidence of associated best-interests decision-making on their behalf. We discussed this issue with the registered manager who assured us they would address these issues as a matter of priority to confirm people's rights under the MCA were being fully promoted.

Before people started to use the service, the registered manager or senior care staff met with them and their relatives to assess their individual care and support needs and confirm the service was able to meet these. The registered manager or senior care staff then provided people's care, for an initial period, to further establish the support they wanted and needed, and to develop effective care plans for staff to follow. The registered manager understood the need to take into account people's protected characteristics and avoid any form of discrimination in the planning or delivery of their care.

People and their relatives expressed confidence in the training and competence of the staff employed by SureCare Hereford. One person told us, "Most of the staff seem well trained. The new ones need a bit of guidance, but that's OK." Another person said, "They [staff] do know what they are doing. They are trained, and they shadow someone [upon commencing their duties]." Upon starting work for SureCare Hereford, all new staff completed the provider's induction training to help them understand and settle into their new roles. This induction programme took into consideration the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. During their induction, staff completed initial training and underwent competency checks to ensure they were able to work safely and effectively. They were given time to read people's care plans and had the opportunity to work alongside and learn from more experienced staff. Staff spoke positively about their induction experience. One staff member told us, "It [induction] was absolutely fabulous. They [management team] made you feel quite relaxed and talked you through things."

Following induction, staff participated in a rolling programme of training, based upon people's needs and their associated duties and responsibilities. Staff confirmed the training provided enabled them to support people safely and effectively. One staff member described the benefits of their dementia awareness training, which had given them further insight into the care and support needs of people living with dementia. Aside

from training, staff had one-to-one meetings, 'supervisions', with the registered manager or a member of the senior care staff team, during which they received constructive feedback on their work performance. One staff member explained, "They [supervisor] ask me if I'm happy in my role, whether I have any concerns about the clients [people who used the service] or other carers [care staff] and if there is any other training I want."

People and their relatives spoke positively about the support staff gave people to prepare meals and drinks, where this was an agreed part of their care package. One person told us, "They [staff] do my meals and that's also my choice. It's nicely presented and properly done." The registered manager explained they were not currently supporting anyone with complex needs or risks associated with their eating or drinking. The provider had systems and procedures in place to record any such needs, and the registered manager recognised the need to seek, and follow, specialist nutritional advice where required.

People and their relatives told us staff played a positive role in helping people to maintain their health and access healthcare services. They told us staff were alert to any changes or deterioration in people's health and wellbeing, and encouraged and supported them to seek professional medical advice and treatment as needed. One person explained, "They [staff] alert me to get the doctor or the nurse if it's needed, and they do help me stay well." A relative described how staff had ensured their family member was receiving the right medical treatment for their skin condition. People's care files contained information about their current health needs and long-term health conditions to ensure staff understood this aspect of their care needs.

Is the service caring?

Our findings

People and their relatives told us staff adopted a caring approach to their work, and treated people with kindness and respect. They told us staff took the time to get to know people and develop positive, caring relationships with them. One person explained, "They [staff] are like my family. They're marvellous and they really do care." Another person said, "They [staff member] have a nice manner and talk about things I like. I can relate to them." A relative explained, "They [staff] are very efficient, but also friendly as well. They come in and they have a laugh with [person]. We have had lots of [medical] treatments recently and they [staff] make [person] more cheerful." Another relative praised the patient manner in which staff had responded to the frequent confusion experienced by their family member who was living with dementia. The registered manager and care staff we spoke with showed good insight into people's individual personalities, needs and preferences. One staff member explained, "The continuity has been really good; I have the same clients every week. I know them and they know me." Staff talked about the people they supported with respect and affection, and concern for people's continued health and wellbeing.

People and their relatives told us they felt able to freely express their views about the care and support provided to the registered manager and care staff, and that they were listened to. They referred to the periodic care reviews which were arranged with them to discuss the extent to which the service was meeting their needs. One person explained, "It [care package] was all agreed with me. I've preferred to have women carers and they [provider] have respected that ... It [care package] has been reviewed a few times. They have listened to what I say." We saw people's individual communication needs had been assessed and recorded, as part of which consideration had been given to the use of different communication methods, such as British Sign Language, and the provision of alternative, accessible formats. Staff had written guidance on how to promote effective communication with people based upon their assessed communication needs. The registered manager told us they provided people with information on independent advocacy services, where they needed support to ensure their voice was heard. At the time of our inspection, no one was currently accessing advocacy services.

People and their relatives told us staff consistently promoted people's privacy, dignity and independence. One person explained, "It [personal care] is done with dignity. They [staff] chat with me as they help me and they check with me ... They are considerate in the house and they ask me before doing things." A relative said, "They [staff] are polite and respectful to us all, and they are considerate to us ... Their [person's] support includes personal care. They [staff] involve them and [person] does as much for themselves as possible." Another relative described how staff encouraged their family member's involvement in preparing their own meals. The staff we spoke with understood people's rights to privacy and dignity and gave us examples of how they promoted these rights in their daily work practices. This included closing doors and curtains and protecting people's modesty during intimate care, and not talking over people when speaking to work colleagues.

Is the service responsive?

Our findings

People and their relatives told us the care plans staff followed were developed and reviewed with their input, and that the care provided reflected their individual needs and requirements. One person explained, "They [management team] have reviewed it [care package] with me and it suits me ... When we meet, they go through it all and if anything is not right, they listen and try to put things right." Another person said, "They [staff and management team] listen to me and they try to follow what I want." A relative told us, "They [management team] have come out to see us and they [have] changed bits of the care to fit in ... It was all adjusted with us to make calls shorter or longer to suit [person]." Another relative praised the personal interest staff took in the individuals needs of their family member who was living with dementia. They described how staff spent time looking through and talking about family photographs with their family member to help keep their memories alive.

People's care plans were individual to them and covered key aspects of their care and support needs, including their mobility, nutrition, communication needs and their spiritual or religious needs. In addition to detailed guidance on the care tasks to be completed during each care call, people's care plans included information about their personal history, what and who was important to them, and their hobbies and interests. Staff recognised the need to work in accordance with people's care plans to provide safe, effective and consistent care and support. They told us they had the necessary time to read and refer back to care plans. One member of staff told us, "They [care plans] are excellent; they're spot on for what we [staff] need."

People and their relatives were clear about how to raise any concerns or complaints about the service by speaking to staff or the registered manager. One person explained, "If I was worried about anything, I would speak to one of my two carers." They had confidence any concerns would be taken seriously and addressed by the provider. Where people or relatives had previously made a complaint, they were satisfied with the way this had been resolved by the provider. One person told us, "I've had complaints about some carers, but they [provider] did deal with them." Another person described a complaint they had made in relation to two missed calls. They told us their complaint had been taken on board and addressed, and that they had received an apology from the provider. The provider had a complaints procedure in place to ensure all complaints were handled in a consistent and fair manner, a copy of which was provided to people who used the service.

At the time of our inspection visit, the provider was not supporting anyone on palliative or end-of-life care. The registered manager assured us systems and procedures were in place to enable the service to identify and work with other community professionals in providing the care and support people needed and wanted at the end of their lives.

Is the service well-led?

Our findings

During our inspection visit, we met with the registered manager who was responsible for the day-to-day management of the service, supported by the provider's 'branch development manager'. Registered providers must, in accordance with their registration with the Care Quality Commission (CQC), notify us about certain changes, events and incidents that affect their service or the people who use it. The registered manager understood the need to submit these 'statutory notifications', and our records showed they had previously notified us of events in accordance with their registration.

The registered manager explained they kept up to date with legislative changes and best practice guidelines by, amongst other things, reading CQC's email newsletter, accessing online care resources and attending events organised by the local authority. They had a clear vision of the culture they wanted to promote within the service, based upon open and honest communication with people, relatives, staff and community professionals, and an inclusive approach. The registered manager felt they had the support and resources they needed from the provider and their line manager to successfully manage and drive improvement in the service. They recognised the need to liaise effectively with community health and social care professionals, such as district nurses, physiotherapists and occupational therapists, to ensure people received joined-up care.

People and their relatives spoke positively about the overall quality of the care and support provided by SureCare Hereford, and their relationship with the registered manager and staff who worked in the provider's office. One person told us, "I would recommend them [service] ... They're very good to excellent. I can't think of any immediate improvement [needed]." A relative said, "It all seems to work well and [person] has used them for some years now ... They do their job and keep me informed." People and their relatives said the registered manager and other office staff were easily contactable, approachable, and open to their requests, feedback and suggestions. One person explained, "The office [staff] get back to me and they will make changes." A relative described the prompt and reassuring manner in which the registered manager had responded to their request for an update on an injury their family member had sustained outside of their care calls.

Staff talked about their work for SureCare Hereford with enthusiasm and were clear what was expected of them at work. One staff member told us, "I absolutely love my job." Staff felt valued and supported by the registered manager and their senior colleagues. One staff member explained, "They thank me for my work. It boosts you and helps you keep going." Staff told us the registered manager was accessible and approachable, and they had confidence any issues or concerns raised with them would be taken seriously. One staff member said, "We [staff] know that if there is something we can't solve, we can go to [registered manager] and they won't turn us away." The registered manager, care coordinator and senior care staff provided on-call support outside of office hours, to respond to any urgent requests for guidance or support from staff. Staff referred to the strong sense of teamwork within the staff team. One staff member explained, "The whole [work] environment is happy and we all pull together. We've got a really good team at the moment." The provider had a whistleblowing policy in place, which staff confirmed they would follow if needed. Whistleblowing refers to when an employee tells the authorities or the public that the organisation

they are working for is doing something immoral or illegal.

The provider took steps to involve people, their relatives and staff in the service. They organised 'team meetings' to consult with staff on proposed changes, and to enable them to have their say as a group. The provider obtained feedback on the service from people and their relatives through, amongst other things, distributing annual feedback surveys. We looked at the results of the feedback survey completed in June 2017 and saw people had provided positive feedback on the overall service.

The registered manager and senior care staff carried out audits and checks to assess, monitor and enable them to improve the quality of the service people received. These included monthly audits on people's care notes and medicines records, the ongoing monitoring of any complaints, incidents and accidents, and regular unannounced 'spot checks' on staff to confirm they were still working as expected.